

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1957

57 02 16 82
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Lafayette b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 193 Southwest Blvd. 64th				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette c. CITY OR TOWN Lexington d. STREET ADDRESS 193 Southwest Blvd			
3. NAME OF DECEASED (Type or print) First John Middle H. Last Manthey				4. DATE OF DEATH Month May Day 9 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 13, 1872	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		11. BIRTHPLACE (City and state or country) Warsaw, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Not Known				14. MOTHER'S MAIDEN NAME Whilahmena Bettin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT Loreen Manthey, Lexington, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute dilatative heart failure DUE TO (b) Myocardial infarction DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from the time before death and last saw her alive on May 9/57 Death occurred at 9:10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.						22c. DATE SIGNED 5-30-57	
22a. SIGNATURE St. Vesper		(Degree or title) W.D.		22b. ADDRESS Lexington, Mo.		22c. DATE SIGNED 5-30-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 12, 1957		23c. NAME OF CEMETERY OR CREMATORY Mapleleaf		23d. LOCATION (City, town, or county) (State) Lexington, Missouri	
24. FUNERAL DIRECTOR James H. Hays, Lexington, Missouri		ADDRESS		25. DATE RECD. BY LOCAL REG. 5-31-57		26. REGISTRAR'S SIGNATURE Wm. S. Eachus	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 2
P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
to comply with the above constitutes grounds for revocation of license):

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.